

Menopause policy

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1 Introduction

- 1.1 This policy sets out the Brigade's arrangements for supporting and managing staff experiencing the menopause. This policy applies to all employees.
- 1.2 This policy refers to 'women' throughout, however it is recognised that menopause may also be experienced by people who are non-binary or trans, and this policy is inclusive of all gender identities in its application.
- 1.3 This policy should be applied in line with the Brigade's values:
 - Service – We put the public first.
 - Courage – We step up to the challenge.
 - Learning – We listen so that we can improve.
 - Teamwork – We work together and include everyone.
 - Equity – We treat everyone fairly according to their needs.
 - Integrity – We act with honesty.

2 What is the menopause?

- 2.1 The menopause is part of a natural process for women. It refers to the point in time when menstruation has ceased for twelve consecutive months. It can also be triggered prematurely as a result of some medical conditions or surgical interventions.
- 2.2 It usually occurs between the ages of 45 and 55, but it can happen much earlier. In the UK the average age for a woman to reach the menopause is 51. A diagnosis of menopause before 45 will be diagnosed as **early menopause** and menopause before the age of 40 will be diagnosed as having **premature menopause**.
- 2.3 The onset of menopause is usually gradual and can be defined as below:
 - (a) **Peri-menopause**. The peri-menopause is the period of hormonal change leading up to the menopause and can often last four to five years, although it may continue for many more years or for others just a few months. During the time of the peri-menopause symptoms may begin to be experienced due to changes in hormone levels. These symptoms may vary in degree. Due to the fact that women may be still having regular periods at the onset of the symptoms, many women do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms which can be a barrier to accessing support.
 - (b) **Menopause**. This is when it has been a year since a woman had their last menstrual period and is defined as being in the menopause.
 - (c) **Post-menopause**. These are the years after menopause, although symptoms continue for an average of four years from the last period, they can continue for up to 12 years and beyond.

3 What happens during the menopause?

- 3.1 The menopause brings physical changes to the body which can result in physical, psychological and emotional changes to which it can be difficult to adjust.

4 Menopause symptoms

- 4.1 Most women will experience some symptoms around the menopause. The duration and severity of these symptoms will vary.
- 4.2 Symptoms usually start a few months or years before menstruation stops and can persist for some time afterwards.
- 4.3 The most common symptoms are:
- (a) **Hot flushes** – these are described as a sudden feeling of heat, starting in the face, neck or chest, before spreading throughout the body. Most flushes last only a few minutes but during this time there can be sweating with the face, neck and chest becoming red and patchy and the heart rate becoming quicker or stronger. For some women these can be occasional, but others may have many daily – and though generally harmless, these can be uncomfortable, disruptive and embarrassing.
 - (b) **Night sweats** – where sweating during the night is so much that night clothes and bedding are left soaking wet, even though they are sleeping in a cool environment.
 - (c) **Sleep disturbances/difficulty sleeping** – these occur sometimes because of hot flushes and/or night sweats, though these may also be as a result of the anxiety felt during menopause. This may lead in turn to fatigue, irritability, loss of concentration and/or forgetfulness.
 - (d) **Mood disturbances** – including low mood and increased susceptibility to anxiety, which can also lead to tiredness, tearfulness and an inability to concentrate.
 - (e) **Problems with memory and/or concentration** – often compounded by disturbance in sleep.
 - (f) **"Brain fog"** – difficulty absorbing information and/or decline in cognitive function can affect confidence and performance at work.
 - (g) **Genitourinary syndrome** – changes to PH levels in the vagina can cause soreness, irritation and itching.
 - (h) **Heavy periods and clots** – Periods are usually irregular, may last longer and harder to prepare for.
 - (i) **Urinary problems** – including recurrent urinary tract infections such as cystitis or an urgent need to pass urine or to pass it more often than normal.
 - (j) **Palpitations** – heartbeats that suddenly become more noticeable.
 - (k) **Migraines and headaches.**
 - (l) **Joint stiffness, aches and pains.**
 - (m) **Reduced muscle mass**
 - (n) **Skin irritation** – including hives and rashes brought on by the lack of oestrogen making the skin sensitive and prone to irritation.

5 Menopause symptoms in other circumstances

- 5.1 There are other circumstances in which symptoms may be experienced:
- (a) Whilst menopause is usually a process involving gradual change, it can sometimes be sudden and acute following serious illness, medication or surgery. The onset of a sudden

menopause tends to lead to severe symptoms and may require treatment and/or post-operative care to manage further problems.

- (b) Menopausal symptoms may be experienced whilst receiving treatment for endometriosis and infertility.

6 Menopause and existing health conditions and disabilities

- 6.1 The menopause is reported to make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or that an existing health condition may also worsen symptoms of the menopause. It can be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap.
- 6.2 If there is an existing condition that is worsened by the menopause, then more time off for medical appointments or treatment may be needed for that condition and it may be necessary to review any workplace adjustments that were previously in place.

7 Menopause in the workplace

- 7.1 The menopause is a very personal and individual experience. For some, the menopause can be uneventful, but for others it can impact greatly on their working lives making it increasingly difficult to function effectively as a result of their symptoms.
- 7.2 This can leave women feeling less confident, more susceptible to fatigue and stress at work so managers and colleagues can play a very important role in supporting women going through the menopause.
- 7.3 Paragraphs 9 to 11 below provide guidance as to the types of intervention(s) that can be put in place to provide support.
- 7.4 Staff/managers should also reference existing Brigade policies, in particular:
 - (a) Policy number 448 – Working with choice – flexible working options policy.
 - (b) Policy number 673 - Risk assessment procedure.
 - (c) Policy number 977 - All incident considerations.

8 Menopause and the law

- 8.1 There is no specific legislation addressing the impact of the menopause in the workplace. There is, however, legislation that the Brigade will use to provide support. In particular, *The Health and Safety at Work Act (1974)* and *The Equality Act (2010)* where the Brigade will discharge its responsibilities accordingly (being specifically mindful of the 'disability' and 'sex' protected characteristics).
- 8.2 In particular, the use of a risk assessment approach to ensure the working environment will not worsen symptoms, and the application of workplace adjustments, will be considered, alongside the recognition of protected characteristics to ensure that there is no direct or indirect discrimination or harassment as a result of experiencing the menopause.
- 8.3 Whilst the menopause is not in itself a disability, it is recognised that conditions arising from it may meet the definition of an 'impairment' under the Equality Act and will therefore consider what reasonable workplace adjustments may necessarily have to be applied on a case-by-case basis.

9 Support from line managers

9.1 Managers should not make any assumptions about how menopause is being dealt with but listen to better understand the needs. In addition, managers need to understand the equality impacts of any decisions they make relating to going through menopause.

9.2 Importantly, managers need to be:

- (a) **Supportive and have understanding.** All managers need to be supportive and have an understanding of the symptoms and effects associated with the menopause.
As with any long-standing health-related conditions, support from a line manager can make a major difference as to how a woman dealing with the menopause is dealt with, enabling the continuation of working well and productively.
It is recognised that it may feel uncomfortable or embarrassing about approaching a manager to discuss any difficulties in managing menopausal symptoms. It is therefore key that managers be proactive in familiarising themselves with this policy. Further support and advice about the menopause can also be sought from the Wellbeing Team and/or the Menopause Action Group (MAG).
- (b) **Consider a referral to the Occupational Health Service (OHS).** Managers should discuss if a referral to the OHS is beneficial because they will be able to provide some professional advice and/or recommend visiting the GP.
If you wish to access the OHS, then contact the Wellbeing Team to initiate an appointment request.
- (c) **Look at what workplace adjustments can be put in place.** Workplace adjustments will need to be fully considered and implemented accordingly to provide support when experiencing menopausal symptoms (including peri-menopause symptoms). The purpose of a workplace adjustment is to, wherever possible, remove barriers that get in the way of doing the job. The adjustment should be tailored to address the barriers/issues specifically experienced. See also section 11.
- (d) **Recording reasonable adjustments – Workplace Adjustments Passport** Workplace adjustments can be recorded in the Workplace Adjustments Passport app. This is an online record of an employee's workplace adjustments and the discussions they have had with their manager. The Wellbeing area of the passport is where staff can answer questions that their manager will review with them to decide what adjustments can be agreed and put in place as appropriate. These decisions are made in confidential discussion with staff in the Wellbeing team and other relevant subject matter experts. The passport is also a way for people to share their wellbeing status with their manager and other Brigade colleagues/ departments (when appropriate) so they are aware of any necessary workplace adjustments needed for staff to carry out the role to the best of their abilities. The app is available via the Start button in Citrix.
For advice about risk assessments and/or workplace adjustments please also contact the Health and Safety Department.

10 Managing staff experiencing the menopause

10.1 The most important and valuable thing a manager can do is listen and carefully consider any requests for workplace adjustments.

10.2 Managers therefore need:

- (a) To be aware of the potential impact of menopause on performance and ensure that appropriate measures are put in place to provide support.
- (b) To maintain confidentiality in handling health information about the menopause.
- (c) To record and review regularly any specific needs identified (including reasonable adjustments that are agreed).
- (d) To ensure that any detriment is not experienced because of time off during this time.

11 Workplace adjustments

- 11.1 It has been recognised that menopausal symptoms can negatively impact how well a person is able to carry out their role, at any given time. The Brigade will therefore consider whether adjustments can be made to help by removing any barriers that get in the way of doing the job because of experiencing menopausal symptoms.
- 11.2 The adjustments below are indicative of interventions that the Brigade will consider in order to help alleviate various menopause symptoms. It is not an exhaustive list and other adjustments will be considered in line with the Brigade supporting the wellbeing of its workforce.
- 11.3 To determine what adjustments can be defined as reasonable a risk assessment approach will need to be undertaken, but particularly in an operational role to ensure that individual safety and organisational working imperatives are not compromised.

11.4 General

- (a) Flexibility to attend clinics, hospital or appointments and to seek advice relating to the menopause in line with Policy number 1005 – Supporting health and wellbeing policy.
- (b) Flexibility to take breaks when needed rather than at pre-determined times - while experiencing menopausal symptoms, bouts of feeling unwell may be experienced at work so a flexible and sympathetic approach to breaks is needed, including to take medication in a private space, to walk around and ease any pain. There may also be a need to leave work suddenly to return home.
- (c) Consideration of phased return after menopause related absence in line with Policy number 1005 – Supporting health and wellbeing policy suffering with particularly severe symptoms and impairment.
- (d) Ensuring easy access to toilet facilities and showers/washing facilities.
- (e) Making short term adjustments to duties. For operational staff that could include a Restricted Duty status and/or non-operational roles. Such adjustments will not be sustainable for an indefinite period so the Brigade will consider what longer term arrangements can be agreed when the role cannot be maintained, subject to the exigencies of the service. Guidance as to how such cases should be managed can be found in Policy number 1005 – Supporting health and wellbeing policy.

11.5 Hot flushes/daytime sweats

- (a) Facilitating a comfortable working environment for those affected - temperature and ventilation-controlled areas (or the provision of a desk fan that can be controlled by the individual). Women going through the menopause may ask to sit near a door or window.
- (b) Ordering natural fibre clothing. 100% pure cotton t-shirts for operational staff are now available to order via SAP. Additions to the natural fibre clothing stock will be advised as and when they become available.

- (c) Providing flexibility wherever possible when wearing the uniform may exacerbate symptoms – allowing the removal of certain items/layers where possible. In addition, providing additional uniforms to be able to change during the day where the need arises.

11.6 **Hot flushes/nighttime sweats and sleep disturbance**

- (a) Revisiting working time arrangements – flexible enough in order to deal with symptoms, including starting later after difficulties in sleeping, taking more breaks during the day or needing to leave work suddenly.

11.7 **Urogenital problems**

- (a) Providing ready access to suitable toilet facilities.
- (b) Providing ready access to suitable washing facilities.
- (c) Allowing more frequent breaks to go to the toilet.
- (d) Providing easy access to drinking water.

11.8 **Heavy and/or irregular periods**

- (a) Providing ready access to suitable toilet facilities.
- (b) Providing ready access to suitable washing facilities.
- (c) Allowing for more frequent breaks to go to the toilet.
- (d) Providing storage and disposal units for sanitary products in the toilet facility.

11.9 **Psychological problems**

- (a) Encouraging concerns to be discussed openly at one-to-one meetings with the manager or referring to the Counselling and Trauma Service/Menopause Action Group.
- (b) Addressing work related stress through risk assessment.

11.10 **Muscular aches and bone and joint pain**

Fluctuating and low oestrogen levels can impact joints, mood and energy levels. This can make maintaining fitness levels more challenging.

- (a) Making any necessary temporary adjustments through review of risk assessments and work schedules.
- (b) Referral to the physiotherapist service provision offered by the OHS.
- (c) Referral to the Fitness Advice Team.

Menopause related absence (MRA) support

- 11.11 Staff who present with menopause related symptoms that make them too unwell and/or unfit to work can receive up to a maximum of 16 days paid special leave in a rolling 12-month period. These 16 days will be in addition to the paid and/or unpaid special leave provisions for other matters that attracts this leave which should not exceed 10 days as outlined in Policy number 512 – Special leave policy. MRA absence should be notified to your manager in the usual way for notifying of absence (e.g. by telephone) and a Form 308 submitted (this can be actioned in retrospect where necessary but in any event within three days of a return to work). There is no requirement to submit evidence for this type of special leave. The MRA code can be found under the StARS Special Leave "Reason" tab option. The "Personnel Reference" to be used is "Menopause Policy 0969".

11.12 Managers should also ensure that staff have been signposted to any other appropriate support (see section 9) and check in with their team member, at agreed intervals, to enquire about their wellbeing during this special leave period. Any employee not wishing to have their absence categorised as relating specifically to the menopause is at liberty to request that another absence categorisation is used that reflects their symptoms/absence from work. In these circumstances MRA would not be granted. Further advice on the use of MRA is available from the Wellbeing team.

12 Living with symptoms of the menopause

12.1 Because the menopause is a very individual experience, not everyone will want or need treatment to relieve their symptoms, but treatments are available, including, but not limited to.

12.2 Hormone replacement therapy (HRT)

- (a) HRT involves taking oestrogen to replace the decline in the body's levels around the time of the menopause. This can relieve many of the associated symptoms.
- (b) There are two main types of HRT:
 - (i) **Combined HRT (oestrogen and progestogen)** – for women with menopausal symptoms who still have their womb.
 - (ii) **Oestrogen only HRT** – for women who have had their womb removed in a hysterectomy.
- (c) HRT is available as tablets, skin patches, a gel to rub into the skin or implants.
- (d) HRT is recognised as being extremely effective at relieving menopausal symptoms, especially hot flushes and night sweats, but there are a number of side effects, including breast tenderness, headaches and vaginal bleeding. It is also associated with an increased risk of blood clots and breast cancer.
- (e) Side effects from using HRT may also require adjustments in the workplace.
- (f) If HRT is not a suitable option or not preferred, GPs may recommend other medications that can help.
- (g) In general, when considering HRT as an option then the Brigade advises that this is discussed with the GP in the first instance.

12.3 Hot flushes and night sweats:

- (a) If hot flushes and night sweats are experienced as a result of the menopause, simple measures sometimes help, such as:
 - (i) Wearing light clothing;
 - (ii) keeping bedrooms cool at night;
 - (iii) taking cool showers, using a fan or having a cold drink;
 - (iv) trying to reduce stress levels;
 - (v) avoiding potential triggers, such as spicy food, caffeine, smoking and alcohol;
 - (vi) taking regular exercise and trying to lose weight if needed.

12.4 **Mood changes:**

- (a) Self-help measures such as getting plenty of rest, taking regular exercise and doing relaxing activities such as yoga, tai chi or Mindfulness may help.
- (b) Medication and other treatments are also available, including HRT (as mentioned in paragraph 15.2 above) and cognitive behavioural therapy (CBT) which is a type of talking therapy that can improve low mood and feelings of anxiety.
- (c) Anti-depressants may help with a diagnosis with depression.
- (d) It is advised that when considering such treatments then these should be discussed with the GP in the first instance.

12.5 **Vaginal dryness and discomfort:**

- (a) Oestrogen treatments can be prescribed that are directly applied as a pessary, cream or vaginal ring.
- (b) Over-the-counter moisturisers or lubricants in addition to, or instead of, oestrogen can also be obtained.

12.6 **Weak bones:**

- (a) There is an increased risk of developing osteoporosis (weak bones) as a result of the lower level of oestrogen in the body after going through the menopause.
- (b) Chances of developing osteoporosis can be reduced by:
 - (i) Taking HRT – HRT can help to prevent osteoporosis, although this effect does not tend to last after treatment stops.
 - (ii) Exercising regularly – including weight-bearing and resistance exercises.
 - (iii) Eating a healthy diet - include plenty of fruit, vegetables and sources of calcium, such as low-fat milk and yoghurt.
 - (iv) Getting some sunlight – sunlight on skin triggers the production of vitamin D, which can help to keep bones strong.
 - (v) Stopping smoking and cutting down on alcohol.
 - (vi) Taking calcium and/or vitamin D supplements.

13 **Records**

- 13.1 Please send records by email to RecordsServices@london-fire.gov.uk. Records will be kept on your electronic personal record file (e-prf) and retained in accordance with Policy number 788 - Electronic personal record file. Personal data shall be processed in accordance with Policy number 351 – Data protection and privacy policy.

14 **Help and support**

- 14.1 Please contact the Wellbeing Team by email to WellbeingTeam@london-fire.gov.uk.
- 14.2 This policy may also be available on request in other alternative accessible formats as set out in Policy number 290 – Guidance note on translation and interpretation. Please contact Communications on extension 30753 and by email to communications.team@london-fire.gov.uk to discuss your needs and options.

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	28/05/2024	SDIA	L - 19/03/2026	HSWIA	19/03/2026	RA	NA
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Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Policy updated.	17/05/2024
Page 7, para 12.3 Page 10, paras 14.11 & 14.12	Amendments made to details in paragraph wording.	20/03/2025
Page 4, para 7.4 (c)	Cross-reference link updated.	21/08/2025
Page 10	SDIA and HSWIA updated.	23/03/2026
Page 1	Ownership of this policy has transferred to Health & Safety	28/05/2026

Subject list

You can find this policy under the following subjects.

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Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	FOIA exemption	Security marking classification